

# ARKANSAS CHIROPRACTIC SOCIETY PRESENTS:



- Date: May 3-4, 2025
- Module: Begins Promptly At 8AM
- Approval: ASBCE Applied
- Location: Hilton Garden Inn 1325 North Shiloh Drive, Fayetteville, AR. Contact (479) 350-3008.
- Fees: \$250 for 24 Hours (both speakers). Free to newly licensed doctors. Complimentary lunch provided on Saturday. To register, contact ACS at [acsexecsec@cox.net](mailto:acsexecsec@cox.net) or (479)806-1138.

## About The Instructors & Courses:

**THIS COURSE: Cholesterol Decoded Wound Healing and Tissue Repair**, is designed for the integrative practitioner to diagnose, evaluate and properly manage a spectrum of disorders. Participants will understand the basics of tissue injuries, their health implications, and how to manage it through lifestyle changes and natural interventions, enabling them to create personalized management plans.. Case studies will be reviewed and we will conclude with an integration and implementation plan followed by a question and answer session.

**INSTRUCTOR:** Dr. Darren Kirchner is the Clinical Director at Kirchner Chiropractic Clinic and Vitalis Advanced Health. He is a chiropractor, honored with a naturopathic degree helping patients achieve health naturally, by customizing healthcare based upon each patient's needs.

**THIS COURSE: Applying NeuroReconnect Systems**, a functional neurological treatment system for the evaluation and treatment of the lumbar spine, hip, knee and foot.

**INSTRUCTOR:** Dr. Andy Barlow is a graduate of Life University and has been in private practice in Tupelo, Mississippi since 2001. He served in the U.S. Navy 1982-1986. He is a number one best-selling author and was selected by the National Registries Top Doctors of America as the number 1 chiropractor in the state of Mississippi. He is also a sought-after dynamic speaker.

## SEMINAR TOPICS

**CHOLESTEROL DECODED WOUND HEALING  
APPLYING NEURORECONNECT SYSTEMS**

### Our Speakers :



**Darren Kirchner, DC**



**Andy Barlow, DC**

## ACS SEMINAR REGISTRATION FORM

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office or Cell #: \_\_\_\_\_

- **Make checks payable to: ACS & mail to P.O. Box 10213, Fort Smith, AR, 72917**

- **Payment via Credit/Debit Card**

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